

ASSESSMENT OF VAIGIKI SHUDDHI W S R TO TIME IN VASANTIKA VAMANA: AN OBSERVATIONAL STUDY

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ABSTRACT :

Vamana is one among such therapy which is more beneficial when done in *vasanta rutu*. *Rutu vamana* is one which is adopted in *vasant rutu* to mitigate the accumulated *kapha dosha*, also adopted in healthy individuals. In *vamana*, among other criteria's of assessment *vega* also plays a very important role to assess the type of *shuddhi* and to adopt proper *samsarjana krama*. In *Vamana kala* is also very important to attain *samyak shuddhi*, *Acharayas* mentioned *purvahna*^{1b} as the time for conducting *Vamana*. However, which part of *purvahna* is not clearly mentioned. Hence, assessing which part of *purvahna* is best to induce proper *vegas* and lead to *samyak shuddhi* was essential.

Thus, a study in SJIIM hospital Bengaluru, *Vasanta Vamana* was conducted in 40 subjects from March 25th to April 12th of 2015 and an observational study was done between the healthy and diseased person. Through this, an establishment of effect of time in inducing *vegas* and *samyak shuddhi* was done. It was concluded that the first *prahara* (the early part of *purvahna*) is more beneficial in inducing more *vegas* and in bringing about *pravara* and *samyak shuddhi*.

Key words: *Vamana, Vega, Purvahna, Samyak Shuddhi, Pravara Shuddhi.*

INTRODUCTION: *Pachakarma* therapy is an integral part of *ayurvedic* treatment and as such has its role in every therapeutic situation. *Vamana* is one among *panchakarma*, aimed at expulsion of aggravated or vitiated *Doshas/Toxic materials* through mouth.

Vasanta rutu (spring season) has been highlighted as the conducive season to adopt *Vamana Karma* to achieve proper and easy *shodhana* and maintain the *doshic* balance of the *shareera*.

In *Vamana*, one of the criteria for assessment of proper *shuddhi* are *vegas*. Assessing *Pravara, Madhyama & Avara shuddhi* helps in prescribing proper *samsarjana karma* and to bring back the *shareera* to normalcy. These *vegas* also

depend on time of drug administration apart from various other criterias.

VEGA: The root word is *vij* & by conversion as '*vij Ghan*' the word *vega* is derived. Meaning like impulse, speed, velocity, force, stream, activity, power, force and impulse.

It is also expressed as *pravara, odha, veni, dhara* in *shabdakalpaadruma*. Indu , for the first time provides definition of *vega* as “*Sukhadagata pratigrahaprapto vega ucyate*”^{3a} where “*Pratigraha* means bowl in which *vega* is collected. The bout collected in a bowl after an **effortless expulsion** is termed as *Vega*”.

UPAVEGA: There is another word *upavega* used by *caraka* which is defined by *cakrapani* as “*upavegam vega samipam*”^{2a}. *Upavega* means nearer to

vega which can be explained as lesser in

every aspect then *vega*.

Following factors are important to differentiate *vega* and *upavega*.

		<i>Vega</i>	<i>Upavega</i>
1	Quantity	More	Less
2	Force	Much	Less
3	Time	Bout expelled at sudden stroke and short period	Not sudden stroke

OBJECTIVE OF THE STUDY: To assess the *vegaki shuddhi* in *vasantika vamana* based on time.

MATERIALS AND METHODS:

The study was conducted at Sri Jayachamarajendra Institute of Indian Medicine Hospital attached to Govt. Ayurveda Medical College, Bengaluru between 25/03/2015 to 12/04/2015. Total of 50 subjects fit for *Vamana Karma* were registered for the study. Among which 40 volunteers/patients were divided into Group A and Group B of 20 each. Group A was subjected to *Vamana Karma* between 6 A.M to 7 A.M and Group B was subjected to *Vamana Karma* between 7 A.M to 8 A.M. All the subjects were educated regarding the *vamana karma* (including *poorva, pradhana* and *paschat*), informed consent was taken and they were examined through specially prepared case proforma.

Intervention:

Poorvakarma: *Deepana* and *pachana* with *panchakola churna* 3gms tid BF with hot water till *niraama lakshana* was attained. *Shodhananga snehapana* done with *murchita ghrita* in *arohana karma* (ascending order) till the attainment of *samyak snigdha lakshana* (signs of proper oleation).

Next day *sarvanga abhyanga* (oil massage) *swedana* (fomentation) was done and based on condition of subject suitable *kapha vriddhikara ahara* (diet which aggravates *kapha*) was given.

Pradhana Karma: On the day of *vamana* morning, after passing natural urges *abhyanga swedana* was done. After *swastivachana, akantapanam* of milk up to 2 litres was given. *Madana phala pippali churna* (powder of *randia dumetorum*), *vacha* (powder of *acorus calamus*) *saindhava* (rock salt) and honey were given as *yamanoushadhi* (emetic drug), *yastimadhu Kashaya* (decoction of *glycrrhiza glabra*) and *saindhava jala* was given as *vamanopaga dravya*.

Pashchat Karma: After *vamana Dhumapana* with *haridra varti* done followed by *Gandusha* with *ushna jala*.

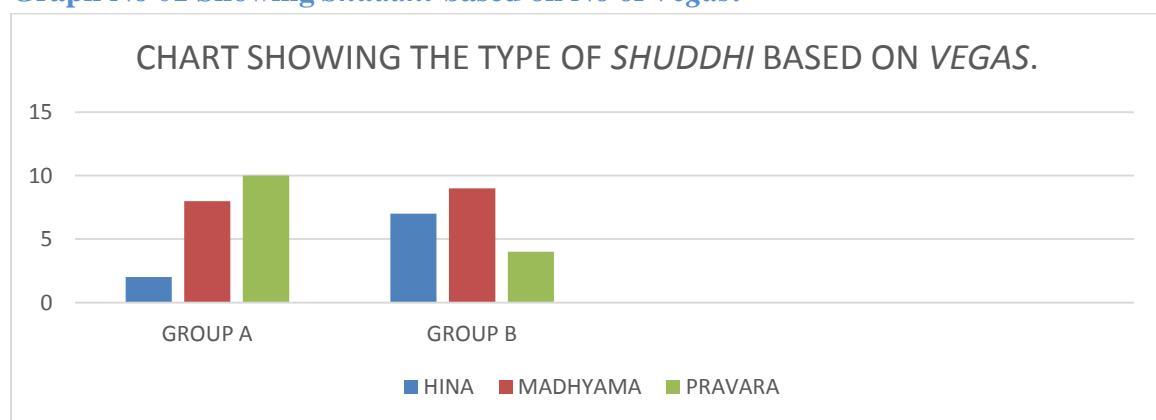
ASSESSMENT CRITERIA: Assessment was based on the classical reference of *Pravara, Madhyama* and *Heena Shuddhi*. *Vegaki* criteria is based on the number of bouts of vomitus is expelled during *Vamana* procedure. *Acharyas* have mentioned four, six and eight^{1b} *vegas* for *hina, madhyam* and *pravara shuddhi* respectively.

Table No 01 Showing Shuddhi based on No of Vegas.

	TYPE OF SHUDDHI	NO OF VEGAS
1	HINA	4
2	MADHYAMA	6
3	PRAVARA	8

OBSERVATIONS AND RESULTS: In Group A, 50% of patients had *pravara shuddhi*, 40% had *madhyama shuddhi*, 10% had *hina shuddhi*. In Group B, 20% of

patients had *pravara shuddhi*, 45% of them had *madhyama shuddhi* and 35% of the had *hina shuddhi*. This is graphically represented in Graph 01and Table 01.

Graph No 01 Showing Shuddhi based on No of Vegas.**Table 02 Showing The Type Of Shuddhi Based On Vegas In Both The Groups.**

	TYPE OF SHUDDHI Based on Vegas	GROUP A			GROUP B			
		6 to 7 AM			7 to 8 AM			
		No Of Patients	%	No Of Patients	%	TOTAL		
1	HINA	2	10%	7	35%	9		
2	MADHYAMA	8	40%	9	45%	17		
3	PRAVARA	10	50%	4	20%	14		
	TOTAL	20		20		40		

DISCUSSION: Time determines the initiation of timely actions and prohibition of untimely ones. The therapy does not produce its desired effect, if administered after the passage or before the arrival of the correct time. In city like Bengaluru in *Vasantika Rutu*, sunrise is anywhere between 5:45 am to 6:00 am. Hence conducting *vamana* in the early hours of *Kapha kaala* immediate to sunrise is more

beneficial as *kapha* will be in *utklipta avastha* and by giving the medicine easy expulsion of *doshas* in projectile vomitus with less effort can be achieved. Thus in this present study maximum of *pravara shuddhi* was noted when *vamana* was conducted in the early hours between 6 am to 7 am when the intensity of the sun was less. As the intensity of the heat from the sun increases, there is *kapha vilayana* and

it's downward movement making it difficult for easy expulsion of the *doshas* because of which in the present study least number of patients had *pravara shuddhi* when *yamana* was conducted between 7 am to 8 am.

CONCLUSION: Hence it can be concluded that the first *prahara* (the early part of *purvahna*) according to respective *deshas* is more beneficial in inducing more *vegas* and in bringing about *pravara* and *samyak shuddhi*.

REFERENCE:

- 1) *Astangahridaya*- by *vaghbata* with 'SarvangaSundara' of Arunadatta and 'Ayurvedarasayana' of Hemadri edited by Pt.Bhisagacharya Harishaatri Paradkar Vaidya,Akola, Chowkambha krishnadas academy-varanasi, reprint 2009 pp956
 - a) Ah.su 18/13 pn 262.
 - b) Ah.su 18/31 pn 256
- 2) Agnivesha Charaka Samhita –revised by Charaka Dridabala with Ayurveda Dipika commentary of Chakrapanidatta

edited by Vaidya Yadavji Trikamji Acharya,Varanasi; Chowkambha Orientalia; reprint 2010 pg738

- a) ca.su 15/12 pn94
- 3) *Astangasamgraha* of vagbhata or vraddha vagbhata with the shashilekha sanskrita commentary by indu edited by Dr shivprasad Sharma,Varanasi;chowkhamba sanskrita Series; reprint 2012 pg965

a) As. su 27/17

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Declared

